oplication or Docket Number 09/529742 **SMALL ENTITY OTHER THAN**

RD

PATENT APPLICATION FF E DETERMINATION RE	COF
Effective December 29, 1999	
CLAIMS AS FILED - PART I	

·			(Column 1)		(Column 2)			TYPE		OR	SMALL	ENTITY	Ì	
FOR			NUMBER FILED NUMBER EXTRA				RATE	FEE] [RATE	FEE	1		
BASIC FEE			***	*	***	全国				OR		840		
TC	TAL CLAIMS		10	minus 2	20=	•		16	X\$ 9=		省	X\$18=		l
INDEPENDENT CLAIMS				•	-	96	X39=		RUY OR	X78=		١		
MULTIPLE DEPENDENT CLAIM PRESENT							AUA	+130=		768 OH	+260=	1	Ì	
* If the difference in column 1 is less than zero, enter "0" in column 2						1	TOTAL		OŔ	TOTAL	846	ł		
CLAIMS AS AMENDED - PART II												OTHER	THAN	ľ
R		(Colu	mn 1)			Column 2)	(Column 3)		SMALL	ENTITY	OR	SMALL	ENTITY	l
AMENDMENT'&		CLA REMA AFT AMENI	INING TER		Pf	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	• 1	1	Minus	••	20	=		X\$ 9=		OR	X\$18=		
	Independent	* 2	3	Minus	***	3	= \		X39=		OR	X78=		
	FIRST PRESE	NIAIIO	V OF MU	JETIPLE DEF	ENL	JENI CLAIM			+130=		OR	+260=		
								L	TOTAL		OR	TOTAL ADDIT, FEE		
0	(Column 1) (Column 2) (Column 3)								ADDIT. FEE		'			ŀ
-		CLA				HIGHEST	(Column 3)	Г	- 1	ADDI-		· ·	ADDI-	İ
AMENDMENTA		REMA AFT AMEND	ER	****	PF	NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE	
	Total	· /(0	Minus	**	20			X\$ 9=		OR	X\$18=		
	Independent		2	Minus .	**	3	=		X39=		OR	X78=		ŀ
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+1.30=		OR	+260=				
	BEST AVAILABLE COPY							L	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	•	
·		(Colu	mn 1)	•	· (C	Column 2)	(Column 3)					,		۱
AMENDMENT C		REMA	rer .		PI	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•		Minus	••		=		X\$ 9= ·		OR	X\$18=	,	l
	Independent	•		Minus	**		=		X39=		OR	X78=		١
	FIRST PRESE	NTATIO	N OF MI	JLTIPLE DE	PEN	DENT CLAIM		▎▐						ł
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								l	+130=		OR	+260=		
** If the entry in column 1 is less than the entry in column 2, write "U in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **OP TOTAL ADDIT. FEE ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (T tal or Independent) is the highest number found in the appropriate box in column 1.														